

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0140966 SP

08-20-2001 90071 044 ***150.00

DOCUMENT # P99000048848

1. Entity Name
CASABLANCA TRUCKING, INC.

Principal Place of Business
4956 CASON COVER DR., STE. 303
ORLANDO FL 32811

Mailing Address
4956 CASON COVER DR., STE. 303
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

PO Box 770544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

Zip

Country

Zip

Country

32877

4. FEI Number
59-3578852

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELFAIZI, MOHAMMED
4956 CASON COVER DR., STE. 303
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D ELFAIZI, MOHAMMED**
 STREET ADDRESS **4956 CASON COVER DR., STE. 303**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01
 Date

407-719-9130
 Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P99000048848

A0082057

August 13, 2001

Florida Department of State
Division of Corporations
Annual Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: **Casablanca Trucking, Inc.**
P99000048848

I would like to inform you that I did not receive the notice of renewal (Form UBR) for the year 2001 in the mail. However, the second notice was received only recently.

Due to the above circumstances, I am requesting that you waive any associated penalties. Enclosed, you will find the 2001 Uniform Business Report and a check for \$150.00 filing fee.

Thank you for your assistance.

Yours truly,



Mohammed Elfaizi
4956 Cason Cover Dr., Ste. 303
Orlando, FL 32811